



FOG WASTEWATER DISCHARGE PERMIT APPLICATION

Public Works and Utilities, Environmental Health Division

Fats, Oils and Grease Program

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DATE: _____

TYPE OF APPLICATION: NEW PERMIT PERMIT RENEWAL NUMBER: _____

NAME OF FACILITY: _____ PHONE: _____

FACILITY ADDRESS: _____ ZIP: _____

NAME OF BUSINESS OWNER: _____

BUSINESS OWNER ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

OWNER OF BUILDING/LANDLORD: _____

OWNER OF BUILDING/LANDLORD ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

APPLICATION SUBMITTED BY: _____ PHONE: _____

WATER UTILITY INFORMATION:

ACCOUNT NUMBER: _____ - _____ PAID BY LANDLORD: YES NO

GREASE REMOVAL DEVICE (GRD):

UNDERGROUND INTERCEPTOR WHAT SIZE? (IF KNOWN) _____ GALLON

AUTOMATIC GRD* WHAT BRAND? (Example: Thermaco Big Dipper) _____

NONE* OTHER* _____

*** IF NO OUTSIDE UNDERGROUND INTERCEPTOR INSTALLED, NEED TO APPLY FOR A GREASE VARIANCE**

SUBMITTED BY: _____ SIGNATURE: _____